

TRANSACTION SET 813

Nebraska Form 74: Motor Fuels Consumer's Use Tax Return

Notes: This mapping illustrates the required format of the ANSI ASC X12 813 Transaction Set for use in filing a Nebraska Form 74. Each occurrence of an 813 with a GS/GE envelope represents a separate form.

TRANSACTION SET HEADER

HEADER SEGMENT (Required)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
ST01	143	Transaction Set Identifier Code	ID M 3/3	"813"
ST02	329	Transaction Set Control Number	AN M 4/9	Determined by Filer (Must equal SE02)

BEGINNING TAX INFORMATION SEGMENT (Required)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
BTI01	128	Reference ID Qualifier	ID M 2/3	"T6" = Tax Return Filing
BTI02	127	Reference ID	AN M 1/30	"NE74" = Motor Fuels Consumer's Use Tax Return
BTI03	66	ID Code Qualifier	ID M 1/2	"47" = Tax Authority ID
BTI04	67	ID Code	AN M 2/80	"NE16" = Nebraska Department of Revenue
BTI05	373	Date	DT M 8/8	"CCYYMMDD" = Transmission Date
BTI06	818	Name Control ID	AN M 1/4	First 4 Positions of Taxpayer's Name
BTI07	66	ID Code Qualifier	ID X 1/2	"24" = Federal Employer ID Number (FEIN) or "34" = Social Security Number (SSN)
BTI08	67	ID Code	AN X 2/80	FEIN or SSN
BTI09	66	ID Code Qualifier	ID X 1/2	"49" = Assigned Nebraska State ID (7 digits)
BTI10	67	ID Code	AN X 2/80	State ID (7 digits)
BTI11 and BTI12 are.				

BTI13	353	Transaction Set Purpose Code	ID O 2/2	Options: “00” = Original “05” = Replace “15” = Resubmission
BTI14	640	Transaction Type Code	ID O 2/2	Options: “6R” = Resubmission “6S” = Supplemental “CO” = Corrected

Element	Application
BTI13 [Initial Return] “00” = Original	Use “Original” when first attempt to transmit your return to the Department, no matter if the Department receives your return.
“05” = Replace	Use “Replace” when first attempt of transmitted return had corrupted data.
“15” = Resubmission	Use “Resubmission” when the Department did not receive first attempt of your transmitted return.
BTI14 [Amended Return] “CO” = Corrected	Use “Corrected” when adjusting or correcting original or amended return.
“6R” = Resubmission	Use “Resubmission” when first attempt to transmit amended return was not received by the Department.
“6S” = Supplemental	Use “Supplemental” when transmitting new or additional data not included in original or amended return.

Notes: BTI07 must be the FEIN if the taxpayer has one. Submit a SSN only for sole proprietorships that have not been issued a FEIN.
BTI13 is used when the taxpayer transmits their initial return (BTI13 is used without BTI14).
BTI14 is used when the taxpayer transmits modifications (BTI14 is used without BTI13).

DATE/TIME REFERENCE SEGMENT (Required)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
DTM01	374	Date/Time Qualifier	ID M 3/3	“194” = Tax Period End Date
DTM02	373	Date	DT X 8/8	“CCYYMMDD” = Period End for this Filing
DTM03, DTM04, DTM05, DTM06, DTM07 are Not Used.				

VERSION OF EDI MAP

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
TIA01	817	Tax Information ID Number	AN M 1/30	“5067” = Version of Map being used in data transmission
TIA02 is Not Used.				

TIA03	449	Fixed Format Information	AN X 1/80	Version of Map Example: "1000" = Version of NDR maps.
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TAX INFORMATION AND AMOUNT SEGMENT (Required) (FORM 74: LINE 4)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
TIA01	817	Tax Information ID Number	AN M 1/30	"5025" = Total Motor Fuels Consumer's Use Tax Due in Whole Dollars (Required even if Zero)
TIA02	782	Monetary Amount	R X 1/18	Total Tax Due

SENDER DEFINED EFT TRACE NUMBER - TRACE SEGMENT (Not Used)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
TRN01, TRN02, TRN03 and TRN04 are Not Used.				

PAYMENT ORDER REMITTANCE ADVICE - BEGINNING SEGMENT (Not Used)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
BPR01, BPR02, BPR03, BPR04, BPR05, BPR06, BPR07, BPR08, BPR09, BPR10, BPR11, BPR12, BPR13, BPR14, BPR15, BPR16, AND BPR17 are Not Used.				

LOCATION NAME SEGMENT (Optional)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
N101	98	Entity ID Code	ID M 2/3	"TP" = Primary Taxpayer Location Name or "31" = Postal Mailing Address
N102	93	Name	AN X 1/60	Taxpayer Location Name

LOCATION ADDITIONAL NAME SEGMENT (Optional)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
N201	93	Taxpayer Name	AN M 1/60	Taxpayer Location Name
N202	93	Taxpayer Name	AN O 1/60	Taxpayer Location Name

LOCATION ADDRESS INFORMATION SEGMENT (Optional)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
N301	166	Street Address	AN M 1/55	Location Street Address
N302	166	Second Street Address (Optional)	AN O 1/55	Location Street Address (2 nd line)

LOCATION GEOGRAPHIC LOCATION SEGMENT (Optional)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
N401	19	City Name	AN O 2/30	Location City Name
N402	156	State or Province Code	ID X 2/2	Location State or Province Code
N403	116	Postal Code	ID O 3/15	Zip, Zip + 4, or Foreign Postal Code
N404	26	Country Code	ID X 2/3	Country: "CA" = Canada or "US" = United States

ADMINISTRATIVE COMMUNICATIONS CONTACT SEGMENT (Optional)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
PER01	366	Contact Function Code	ID M 2/2	<u>Contact Type Codes:</u> "AF" = Authorized Financial Contact "CN" = General Contact "EA" = EDI Coordinator "PI" = Preparer "TP" = Primary Taxpayer
PER02	93	Name	AN O 1/60	Contact Name
PER03	365	Communications Number Qualifier	ID X 2/2	"TE" = Telephone Number
PER04	364	Communications Number	AN X 1/256	Contact Telephone Number
PER05	365	Communications Number Qualifier	ID X 2/2	"FX" = FAX Number
PER06	364	Communications Number	AN X 1/256	FAX Telephone Number
PER07	365	Communications Number Qualifier	ID X 2/2	"EM" = Electronic Mail
PER08	364	Communications Number	AN X 1/256	E-Mail Address

TRANSACTION SET DETAIL

FORM 74

Notes: This TFS segment begins the “face” of the form detail line items. All items identified as REQUIRED must be included in a filing. No schedules are attached to the Form 74, Motor Fuels Consumers’s Use Tax Return. The Detail portion of this mapping is used for the face of Form 74.

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
TFS01	128	Reference ID Qualifier	ID M 2/3	“T2” = Tax Form Code
TFS02	127	Reference ID	AN M 1/30	“NE74” = Nebraska Form 74; Motor Fuels Consumer’s Use Tax Return

RELATIONSHIP TO THE TRANSACTION INFORMATION (Not Used)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
REF01, REF02, REF03, REF04, REF05, REF06, and REF07 are Not Used.				

Condition 1 - If account has no activity, this segment is required. The FGS is not used.

REFERENCE IDENTIFICATION SEGMENT - NO ACTIVITY (Optional)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
REF01	128	Reference ID Qualifier	ID M 2/3	“BE” = Business Activity
REF02	127	Reference ID	AN X 1/30	“1” = No Activity

Condition 2 - If account has activity, the following is required. The REF is not used.

FORM GROUP SEGMENT (Required)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
FGS01	350	Assigned ID	AN M 1/20	“NE74” = Motor Fuels Consumer’s Use Tax, Detail Lines

This TIA segment begins the “face” of the form detail lines. All items identified as REQUIRED must be included in a filing.

TAX INFORMATION AND AMOUNT SEGMENT (Required) (FORM 74: LINE 1)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
TIA01	817	Tax Information ID Number	AN M 1/30	“5070” = Total Whole Gross Gallons of Untaxed Diesel Fuel used in a Licensed Motor Vehicle
TIA02 and TIA03 are Not Used.				
TIA04	380	Quantity	R X 1/15	Quantity in Whole Gross Gallons
TIA05	355	Unit for Measurement Code	ID M 2/2	“GN” = Whole Gross Gallons

TAX INFORMATION AND AMOUNT SEGMENT (Required) (FORM 74: LINE 2)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
TIA01	817	Tax Information ID Number	AN M 1/30	“5071” = Total Whole Gross Gallons of Untaxed Kerosene Blended with Diesel Fuel Used in a Licensed Motor Vehicle
TIA02 and TIA03 are Not Used				
TIA04	380	Quantity	R X 1/15	Quantity in Whole Gross Gallons
TIA05	355	Unit for Measurement Code	ID M 2/2	“GN” = Whole Gross Gallons

TAX INFORMATION AND AMOUNT SEGMENT (Required) (FORM 74: LINE 3)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
TIA01	817	Tax Information ID Number	AN M 1/30	“5021” = Total Whole Gross Gallons Subject to Tax
TIA02 and TIA03 are Not Used.				
TIA04	380	Quantity	R X 1/15	Quantity in Whole Gross Gallons
TIA05	355	Unit for Measurement Code	ID M 2/2	“GN” = Whole Gross Gallons

FORM GROUP SEGMENT (Required)

Notes: This segment begins detail lines on the face of the Form 82.

TRANSACTION SET TRAILER SEGMENT (Required)

ID	REF#	ELEMENT NAME	ATTRIBUTES	VALUE/DESCRIPTION
SE01	96	Number of Included Segments	NO M 1/10	Count of Segments within this 813
SE02	329	Transaction Set Control Number	AN M 4/9	Taxpayer Assigned Number (Must equal ST02)